PART B - FEE(S) TRANSMITTAL

Complete and send this form, together war applicable fee(s), to: Mail Mail Stop ISSU

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-145

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appropriate All further co	prespondence including the libelow or directed otherwise	Patent advance of	rders and not	PUBLICATION FEE (if requision of maintenance fees a new correspondence address	will be mailed to the curren s; and/or (b) indicating a sep	t correspondence address as parate "FEE ADDRESS" for			
	CE ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
•	590 02/03/2006			Certificate of Mailing or Transmission					
LAW OFFICES P.O. BOX 300 PETALUMA, CA	OF MARK C. PICKI 94953	ERING		I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimi transmitted to the USPTO (571) 273-2885, on the date indicated below.				
02/15/2006 SSESHE2 00	000004 10730658			Robin L. Ki	ing	(Depositor's name)			
01 FC:1501 1400.00 (Jalun K.	King	(Signature)			
02 FC:8001	30.00 OP			February 9,	2006	(Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED I		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/730,658	12/08/2003	•	James Tho	mas Doyle	100-24000 (P05764)	4775			
APPLN. TYPE	SMALL ENTITY	AND METHOD T		DES A LOW-COST APPROA	TOTAL FEE(S) DUE	DATE DUE			
	<u> </u>								
nonprovisional	NO	\$140	<u> </u>	\$0	\$1400	05/03/2006			
EXAM	MINER	ART UNIT		CLASS-SUBCLASS	j				
ZWEIZIG, JEF	FFERY SHAWN	2816	327-102000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to						
3. ASSIGNEE NAME AND	D RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	Γ (print or type)					
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will app T a substitute	ear on the patent. If an assign for filing an assignment.	nee is identified below, the d	locument has been filed for			
(A) NAME OF ASSIGN	IEE		(B) RESIDE	NCE: (CITY and STATE OR O	COUNTRY)				
NATIONAL SE	EMICONDUCTOR COR	PORATION	SA	NTA CLARA, CALIFO	RNIA				
Please check the appropriate	e assignee category or categor	ies (will not be pr	inted on the p	oatent): 🗖 Individual 🏋 KC	orporation or other private gr	oup entity Government			
4a. The following fee(s) are	enclosed:	41	o. Payment of	Fee(s):					
XX Issue Fee				in the amount of the fee(s) is en	closed.				
	small entity discount permitte			by credit card. Form PTO-2038					
Advance Order - # o	f Copies10		The Direct Deposit A	ctor is hereby authorized by cha Account Number 502305	rge the required fee(s), or cre enclose an ext	edit any overpayment, to ra copy of this form).			
	(from status indicated above) MALL ENTITY status. See 3		Dh Annlie	ant is no longer claiming SMA	I ENTITY status See 27 C	ED 1 27(a)(2)			
				ny) or to re-apply any previousle other than the applicant; a regi					
Authorized Signature	Trule C. J	uL	<u> </u>		7-9-06				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

36,239

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TRANSMITTAL FORM			cation Number	10/730,658				
			Date	December 8, 2003				
			Named Inventor	James Thomas Doyle				
(to be used for all correspondence after initial filing)		Group Art Unit		2816				
			ner Name	Jeffery Shawn Zweizig				
Total Number of Pages in This Submission 6			ey Docket Number	100-24000 (P05764)				
ENCLOSURES (check all that apply)								
Fee Transmittal Form (in duplicate)		ment Par Application		After Allowance Communication to Group				
Fee Attached (check for \$1430)	☐ Drawin	g(s)		Appeal Communication to Board of Appeals and Interferences				
Amendment/Response	Licensing-related Papers			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final (Response)	Petition Routing Slip (PTO/SB/69) and Accompanying Petition			Proprietary Information				
Affidavits/declaration(s)	Petition to Convert to a Provisional Application			Status Inquiry				
Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address			Other Enclosure(s) (please identify below):				
Express Abandonment Request	☐ Terminal Disclaimer ☐ Request for Refund			Return Receipt Postcard Certificate of Mailing Issue Fee Transmittal				
☐ Information Disclosure Statement	CD, Number of CD(s)			PTOL-85 (copy)				
Certified Copy of Priority Document(s)	Remar	ks	Please charge any ne Deposit Account No. transmittal is attache	cessary fees or credit overpayment to 502305. A duplicate copy of this duplicate copy of this duplicate copy of this purpose				
Response to Missing Parts/ Incomplete Application								
Response to Missing Parts under 37 CFR 1.52 or 1.53			· , 222					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm or Mark C. Pickering, Reg. No. 36,239 Individual name								
Signature Muli C. Pil								
Date February 9, 2006								
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: February 9, 2006								
Typed or printed name Robin L. King								
Signature		K.,	2	Date February 9, 2006				

This collection of information is required by 37 CFR 1.5. The information is equired to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FEE TRANSMITTAL	Complete if Known					
For FY 2005	Application Number				10/730,658	
Aguent Fees are subject to annual revision.	Filing	Filing Date			December 8, 2003	
FEB. 1 4 JOHA CO.	First	Named I	nventor		James Thomas Doyle	
FEB 1 3 1 2 C	Exam	Examiner Name			Jeffery Shawn Zweizig	
TOTAL PERSONNEL STATE ST	Grou	p Art Un	iit		2816	
TOTAL PARCE OF PAYMENT \$1430	Attor	ney Doci	ument N	10.	100-24000 (P05764)	
METHOD OF PAYMENT (check one)	\vdash	FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge any fees or credit	3. A	3. Additional Fees				
any overpayment under 37 CFR 1.16 and 1.17 which may be required	<u>Large F</u> Fee			all Entity		
by this paper to Deposit Account No. 502305 LAW OFFICES OF MARK C. PICKERING	Code	Fee				
LAW OFFICED OF MARKS OFFICERING						
☐ Applicant claims small entity status. See 37 CFR 1.27.	1051	130	2051	65	Surcharge - late filing fee or oath	_
2. ⊠ Payment Enclosed: ⊠ Check □ Money Order □ Other	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
FEE CALCULATION	1053	130	1053	130	Non-English specification	
1. FILING FEE/SEARCH FEE/EXAMINATION FEE	1812	2520	1812	2520	For filing a request for ex parte reexamination	
LARGE ENTITY SMALL ENTITY	1804	920	1804	920	Examiner action	_
Fee Code Fee Fee Fee Paid (\$) (\$) Description	1805	1840	1805	1840	Requesting publication of SIR after Examiner action	
1011/1111/1311 1000 2011/2111/2311 500 Utility	1251	120	2251	60	Extension for reply within first month	_
1012/1112/1312 430 2012/2112/2312 215 Design 1013/1113/1313 660 2013/2113/2313 330 Plant	1252 1253	450 1020	2252 2253	225 510	• •	_
1014/1114/1314 1400 2014/2114/2314 700 Reissue	1253	1590	2254	795	• -	_
_1005 200 2005 100 Provisional	1255	2160	2255	1080	• • • • • • • • • • • • • • • • • • • •	
SUBTOTAL (1) 0	1401	500	2401	250		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1402	500	2402	250	Filing a brief in support of an appeal	П
Extra Fee from Claims below Fee Paid	1403	1000	2403	500	Request for oral hearing	
Total Claims *-20 ** = 0 x 50 = \$ 0	1451	1510	1451	1510		\equiv
Independent *-3 = 0 x 200 = \$0	1452	500	2452	250		_
Multiple Dep. * = \$ 0 ** or number previously paid, if greater; for Reissues, see below:	1453 1501	1500 1400	2453 2501	750 700		·n
or number previously paid, if greater, for remained, and below.	1502	800	2502	400		<u>-</u>
Large Entity Small Entity						
Fee Fee Fee Code Fee (\$) Fee Description Code (\$)	1503	1100	2503	550	Plant issue fee	
1202 50 2202 25 Claim in excess of 20	1460	130	1460	130	0 Petitions to the Commissioner	_
1201 200 2201 100 Independent claims in excess of 3	1807	50	1807	50	• • • • • • • • • • • • • • • • • • • •	_
1203 360 2203 180 Multiple dependent claim, if not paid 1204 200 2204 100 ** Reissue ind. claims over original	1806	180	1806	180		
1204 200 2204 100 ** Reissue ind. claims over original patent	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1205 50 2205 25 ** Reissue claims in excess of 20 and over original patent	1809	790	2809	39		
	1810	790	2810	39	P5 For each additional invention be examined (37 CFR 1.129(b)	
	1801	790	2801	39		
	1802	900	1802	90	· · · · · · · · · · · · · · · · · · ·	
SUBTOTAL (2) \$0		10 Soft Co			30	
	*Reduc	ed by Bas	sic Filing	Fee Paid	d SUBTOTAL (3) \$1400	
SUBMITTED BY						_
Law Offices of Mark C. Pickering P.O. Box 300	Date	2	-9	- 6	2/0	
Petaluma, CA 94953-0300	Date:	7				
Telephone: (707) 762-5583						
Facsimile: (707) 762-5504	By: Mell C. July					
Customer No. 33402	1	Mark C. F	Pickering	g, Reg.	No. 36,239	

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